

NEWTON PARKS & RECREATION DEPARTMENT

Counselor in Training Program at Albemarle Acres

Registration - 2012

Name _____ Fall '12 Grade _____ DOB _____
 Address _____ City _____ Zip _____
 Parent(s) _____ Phone (H) _____
 Email _____ Phone (W) _____

T SHIRT SIZE: Youth Large _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

Is your child taking any medication that needs to be administered at the Counselor in Training Program?

_____ daily medication _____ Inhaler _____ epi pen allergic to _____

DATES The CIT Program runs from 8:30 AM to 3:30 PM at the Albemarle Acres Summer Program.

First Year CIT's – Check the session that you wish to attend. CIT's may sign up for more than 1 session if space allows.

Session 1: July 9 – July 20 _____ Session 1 Additional Week: July 23 – July 27 _____
 Session 2: July 30 – August 10 _____ Session 2 Additional Week: August 13 – August 17 _____

Returning CIT's - Check the session that you wish to attend. CIT's may sign up for more than 1 session if space allows.

Session 1: July 2 – July 20 _____ Session 1 Additional Week: July 23 – July 27 _____
 Session 2: July 23 - August 10 _____ Session 2 Additional Week: August 13 – August 17 _____

TUITION Residents: \$250.00 per session Non Residents: \$275.00 per session Additional Week \$100.00
Late Fee after 5/15/12: \$25.00

Cost per Session Plus Additional Week or Late Fee (if applicable) \$ _____

Deposit due with Registration (\$60.00 minimum per session) \$ _____

A \$60.00 non refundable deposit is due per session and will be deducted from the total due.

Balance Due by 5/15/12: \$ _____

Please fill out both sides of this form and return it with payment (checks made payable to City of Newton) to:
 Newton Parks and Recreation * Attn: Channon Ames * 124 Vernon St * Newton, MA 02458

Counselor in Training Program Credit Card Payment Information

Payment may also be made by Credit Card. Please fill out the information below to pay by credit card.

Last Name _____	First Name _____	Home Phone _____	Work Phone _____
Street _____	City _____	State _____	Zip Code _____
Credit Card Number _____	Expiration Date _____	Visa _____	Master Card _____

Newton Parks and Recreation Department Counselor in Training Program Medical Release Form - 2012

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize the Counselor in Training Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Counselor in Training Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Counselor in Training Program

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Counselor in Training Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Counselor in Training Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Counselor in Training Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Counselor in Training Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Counselor in Training Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Counselor in Training Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Counselor in Training Program.

Signature of Parent(s)/Guardian(s)

Date